

<b>CLAIMS ONLY</b>		Application Number <div style="font-size: 1.5em; font-weight: bold;">10/520385</div>		Filing Date	
		Applicant(s)			

  

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep	Depend	Indep	Depend	Indep	Depend
1							
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49							
50							
Total							
Indep							
Total							
Depend							
Total							
Claims							

  

* May be used for additional claims or amendments							
		Indep	Depend	Indep	Depend	Indep	Depend
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Filing Date

10/520385

Applicant(s)

\* May be used for additional claims or amendments